Maine Weekly Influenza Surveillance Report

January 8, 2019

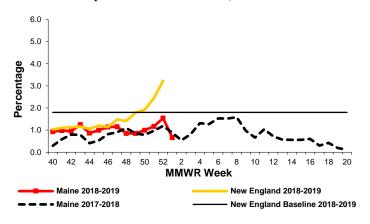
For MMWR week 01 (ending 01/05/2019)

Federal Flu Code: Regional

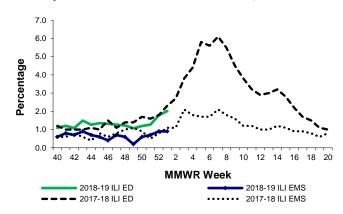
Surveillance Information - Maine, 2018-2019 Influenza Season

- Number of ILINet Providers reporting: 21
 - o % of visits for Influenza-Like Illness (ILI): 0.64
- Syndromic Surveillance
 - o % of Emergency Room visits for ILI: 2.02
 - o % of Emergency Medical Services (EMS) runs for ILI: 0.9

Outpatient Visits for ILI - Maine, 2017-19



Syndromic Surveillance data for ILI - Maine, 2017 -19



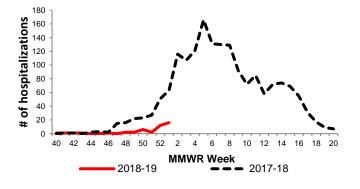
Influenza Hospitalizations

of hospitalizations: 16

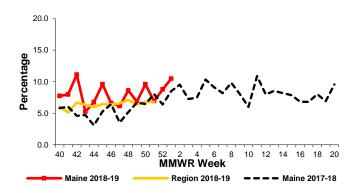
Pneumonia and Influenza (P&I) Deaths

- % of deaths due to P&I: 10.5
- # influenza deaths reported this week: 0
- Total influenza deaths this season: 3

Influenza Hospitalizations - Maine, 2017-19



Deaths Attributable to P&I - Maine, 2017-19



^{*}This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden, as many influenza-associated deaths are due to secondary infections. This is why Maine CDC reports Pneumonia and Influenza (P&I) deaths.

Lab Data - Maine, 2018-2019 Influenza Season

of samples tested at HETL: 22

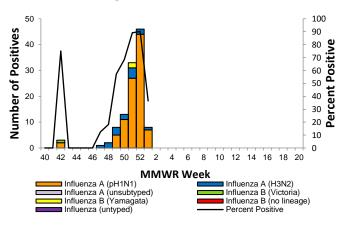
positive: 8% positive: 36

of samples tested at Maine Reference Labs: 441

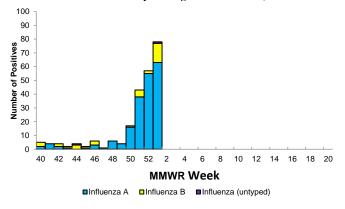
positive: 51 % positive: 11.6

of samples positive by rapid antigen test: 78

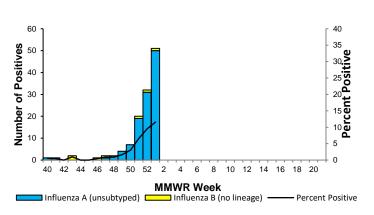
Positive PCR Samples for Influenza, HETL - Maine, 2018-19



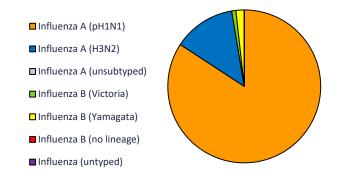
Positive Influenza Rapid Antigen Tests - Maine, 2018-19



Positive Samples for Influenza, Maine Reference Labs – Maine, 2018-19



Cumulative Influenza Positive Tests by Strain, HETL - Maine, 2018-19



Antiviral Resistance - Maine, 2018-19 Influenza Season

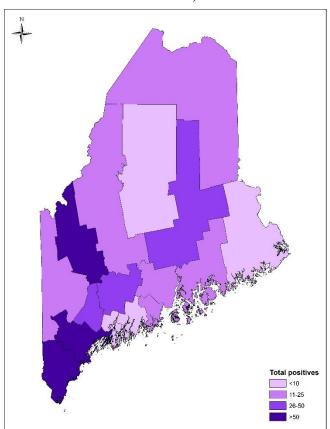
- # of Influenza A (pH1N1) samples tested for Tamiflu resistance at HETL: 14
 - o # with resistance: 0
- # of Influenza A (H3) samples tested for Tamiflu resistance at HETL: 5
 - o # with resistance: 0

Geographic Distribution of Lab Tests, Maine 2018-19*

	Positiv	e labs	Hospitalizations		
County	Tested this week	Total	New this week	Total	
Androscoggin	17	43	0	1	
Aroostook	7	24	0	0	
Cumberland	32	96	4	12	
Franklin	15	66	4	8	
Hancock	8	11	0	1	
Kennebec	17	49	2	8	
Knox	4	12	0	1	
Lincoln	1	5	0	0	
Oxford	9	21	0	3	
Penobscot	17	48	1	6	
Piscataquis	1	7	1	2	
Sagadahoc	2	6	0	2	
Somerset	4	19	1	2	
Waldo	4	14	1	1	
Washington	1	5	0	1	
York	41	84	2	5	
Total	180	510	16	53	

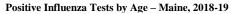
^{*}Only reported PCR, culture, and rapid antigen tests are included in the chart and map.

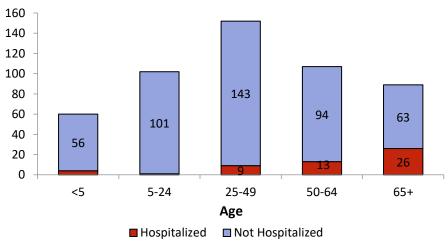
Positive Influenza Tests, Maine 2018-19



Age Information – Maine, 2018-19 Influenza Season

	Cases	Hospitalizations	Deaths
Minimum Age	3 months	7 months	63 years
Mean Age	39 years	58 years	75 years
Maximum Age	97 years	96 years	91 years





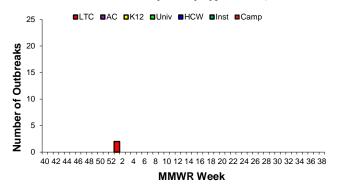
Antigenic Characterization (Vaccine Strain Match)

- Federal CDC has antigenically or genetically characterized 395 influenza viruses from September 30–December 29, 2018.
 - o 98.7% of influenza A/H1N1 samples match the vaccine strain
 - o 100% of influenza A/H3N2 samples match the vaccine strain
 - o 50% of influenza B/Victoria samples match the vaccine strain
 - o 100% of influenza B/Yamagata samples match the vaccine strain
- Antigenic characterization shows if the circulating strains are the same strains that were used to make the vaccine. This does not tell you how effective the vaccine is at creating an immune response.

Influenza-Like Illness Outbreaks – Maine, 2018-19 Influenza Season

- # new outbreaks: 2
- Total outbreaks 2018-19 season: 2

Influenza-Like Illness Outbreaks by Facility Type - Maine, 2018-19



Outbreak Facility Type Key:

LTC - Long Term Care Facility

AC - Acute Care Facility (nosocomial)

K12 - School (K-12) or daycare

Univ - School (residential) or University

HCW - Health care workers

Inst - Other institutions (workplaces,

correctional facilities etc)

Camp - Camp

Influenza-Like Illness Outbreak by Facility Type and County – Maine, 2018-19

County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin	0	0	0	0	0	0	0	0
Aroostook	0	0	0	0	0	0	0	0
Cumberland	0	0	0	0	0	0	0	0
Franklin	2	0	0	0	0	0	0	2
Hancock	0	0	0	0	0	0	0	0
Kennebec	0	0	0	0	0	0	0	0
Knox	0	0	0	0	0	0	0	0
Lincoln	0	0	0	0	0	0	0	0
Oxford	0	0	0	0	0	0	0	0
Penobscot	0	0	0	0	0	0	0	0
Piscataquis	0	0	0	0	0	0	0	0
Sagadahoc	0	0	0	0	0	0	0	0
Somerset	0	0	0	0	0	0	0	0
Waldo	0	0	0	0	0	0	0	0
Washington	0	0	0	0	0	0	0	0
York	0	0	0	0	0	0	0	0
Total	2	0	0	0	0	0	0	2

National Influenza Surveillance Data

Source: https://www.cdc.gov/flu/weekly/

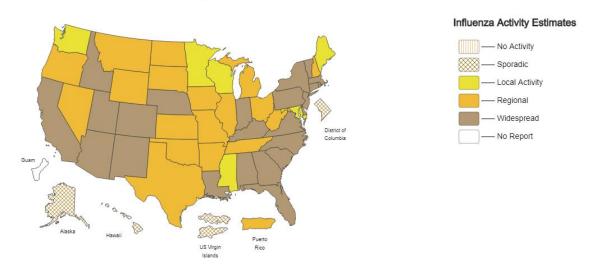




A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending Dec 29, 2018 - Week 52



^{*}This map indicates geographic spread and does not measure the severity of influenza activity.

A Weekly Influenza Surveillance Report Prepared by the Influenza Division Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet



2018-19 Influenza Season Week 52 ending Dec 29, 2018



^{*}This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

*Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.

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*Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.

^{*}Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete

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